



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
BREATH ALCOHOL PROGRAM

INTOX EC/IR II MAINTENANCE REPORT

REPORT #3

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 days). Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service. Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

| | | |
|----------------------------|-------------------------------------|----------------------------------|
| INTOX EC/IR II SN 12859 | NAME OF AGENCY Lincoln County SO | DATE OF INSPECTION 05/10/2016 |
|----------------------------|-------------------------------------|----------------------------------|

| | |
|---|---------------------------------|
| LOCATION OF INSTRUMENT (STREET AND CITY) 65 Business Park Drive Troy | TIME OF INSPECTION 14:25 CDT |
|---|---------------------------------|

CHECKLIST: Place a mark in the box by each item if found to be satisfactory or is operating within established limits. (Write in observed values where determined). Unmarked items must be corrected before using instrument.

| | |
|--|--|
| <input checked="" type="checkbox"/> DIAGNOSTIC RECORD | |
| <input checked="" type="checkbox"/> BLANK CHECK | <input checked="" type="checkbox"/> CO2 CHECK |
| <input checked="" type="checkbox"/> FC 1 TEMP | <input checked="" type="checkbox"/> FLOW CHECK |
| <input checked="" type="checkbox"/> SRC TEMP | <input checked="" type="checkbox"/> FCB CHECK |
| <input checked="" type="checkbox"/> DET TEMP | <input checked="" type="checkbox"/> CRC COMP CHECK |
| <input checked="" type="checkbox"/> BT TEMP | <input checked="" type="checkbox"/> CRC CAL CHECK |
| <input checked="" type="checkbox"/> STD 2 TEMP | <input checked="" type="checkbox"/> PRINT TEST |
| <input checked="" type="checkbox"/> ETH CHECK | |

| | |
|--|--|
| BREATH ANALYZER ACCURACY STANDARDS | |
| <input type="checkbox"/> SIMULATOR SOLUTION | <input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE |
| <input checked="" type="checkbox"/> STANDARD SUPPLIER intoximeters | LOT# ag434201 EXP. DATE 12/08/2016 |
| <input type="checkbox"/> SIMULATOR TEMP (34°C ±0.2°C) | SIMULATOR S/N SIMULATOR EXP DATE |

| |
|---|
| <input checked="" type="checkbox"/> CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT) |
| Run three tests using a standard solution. All three tests must be within +5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) |
| <input type="checkbox"/> 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE |
| <input checked="" type="checkbox"/> 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE |
| <input type="checkbox"/> 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE |

| | | |
|-------------------------|-------------------------|-------------------------|
| TEST 1 0.080 g/210L | TEST 2 0.080 g/210L | TEST 3 0.080 g/210L |
|-------------------------|-------------------------|-------------------------|

| | | | | | | |
|---|-------------|---------------|---------------|---------------|----------------|--|
| INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: | | | | | | |
| REFUSALS 0 | 0-.04 0 | .05-.09 0 | .10-.14 0 | .15-.19 0 | OVER .19 0 | |

LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY).

| | |
|---------------------------------|--------------------------------------|
| INSPECTING OFFICER | |
| SIGNATURE | PRINT FULL NAME PIRTLE, MICHAEL |
| TYPE II PERMIT NUMBER 250030 | EXPIRATION DATE 01/20/2017 |
| | TELEPHONE NUMBER (636) 528-8546 |

RETURN COMPLETED REPORT TO THE:
Breath Alcohol Program, Missouri Department of Health and Senior Services,
Southeast District Office, 2875 James Blvd, Poplar Bluff, MO 63901



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BLOOD ALCOHOL TEST REPORT - INTOX EC/IR II

FORM #13

| | | | | |
|--|---|-----------------------------------|-------------------------------|---------------------------|
| LOCATION OF INSTRUMENT Lincoln County SO 65 Business Park Drive Troy | | INSTRUMENT SERIAL NUMBER 12859 | DATE OF TEST 05/10/2016 | TIME OF TEST 14:29 CDT |
| SUBJECT NAME N/A, N/A | | | DATE OF BIRTH 01/01/1981 | |
| SEX M | SUBJECT DRIVER'S LICENSE NUMBER 1234 | | STATE MO | |
| ARRESTING OFFICER PIRTLE, MICHAEL | | ARRESTING OFFICER ID 490 | | |
| OPERATOR PIRTLE, MICHAEL | | OPERATOR PERMIT 250030 | PERMIT EXP DATE 01/20/2017 | |

OPERATIONAL CHECKLIST: INTOX EC/IR II

- 1. Examination of mouth conducted. If any substance is observed or indicated to be present, the substance observed or indicated must be removed prior to starting the 15 minute observation period.
- 2. Subject observed for at least 15 minutes by: PIRTLE, MICHAEL No smoking, oral intake or vomiting during this time; if vomiting occurs, start over with the 15 minute observation period.
- 3. Assure that the power switch is ON and the screen is displaying "PRESS ENTER TO START".
- 4. Press the Enter button.
- 5. Enter subject and officer information.
- 6. When display reads "Please Blow /R", and gives audible beep, insert mouthpiece and take the subject's breath sample.

SUBJECT TEST RESULTS

| Test | g/210L | Time | Smpl # | Durn (sec) | Vol (cc) | Time |
|------|--------|-------|--------|------------|----------|-------|
| DIAG | Pass | 14:29 | | | | |
| BLK | 0.000 | 14:29 | 1 | 2.74 | 1532 | 14:30 |
| SUBJ | 0.000 | 14:30 | | | | |
| BLK | 0.000 | 14:31 | | | | |

COMMENTS

CERTIFICATION BY OPERATOR

As set forth in the rules promulgated by the Department of Health and Senior Services related to the determination of blood alcohol by breath analysis, I certify that:

BAC
0.000 g/210L

- 1. There was no deviation from the procedure approved by the department.
- 2. To the best of my knowledge the instrument was functioning properly.
- 3. I am authorized to operate the instrument.
- 4. No radio transmission occurred inside the room where and when this test was being conducted.

| | |
|---------------------------|-------------------|
| SIGNATURE OF OPERATOR | DATE 5-10-2016 |
| WITNESS (IF ANY) | DATE |



Airgas USA LLC (LAB)

3500 Bernard Street

St. Louis, Mo. 63103

Ph: (314) 533-3100

Fax: (314) 533-7328

Certificate of Analysis

Customer Name

Intoximeters, Inc.
2081 Craig Road
St. Louis, Mo 63146

Test Date: 9-Dec-2014

Lot # AG434201

Exp. Date

8-Dec-2016

Cyl. Type

108

Component

Ethanol
Nitrogen

Certified Concentration

0.080 ± 0.002 BrAC (218 ppm)
Balance

Certification Traceable to N.I.S.T. RGM Ethanol Standards:

Serial No.

EB0010581
EB0010570
EB0010285
EB0010561
EB0010681

Concentration

391.8 ppm
259.8 ppm
209.0 ppm
103.7 ppm
52.22 ppm

Serial No.

EB0010603
EB0010559
EB0010595
EB0010562
EB0010579

Concentration

392.5 ppm
258.9 ppm
208.9 ppm
104.9 ppm
52.94 ppm

Analytical Method:

NDIR

Digitally signed by Quality Control
Date: 2014.12.09 17:17:50 -06:00
Reason: Dry gas standard certification of analysis
Location: Airgas USA LLC (Lab)

Analyst:

Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01



STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



**PERMIT
TYPE II**

MICHAEL K PIRTLE

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

DATAMASTER, INTOX EC/IR II

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 1/20/2015

NUMBER 250030

EXPIRES 1/20/2017

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

,acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)



STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM

INSTRUMENT OPERATOR CARD

The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.



Operator PIRTLE, MICHAEL
Permit No 250030
Date Issued 1/20/2015 Date Expires 1/20/2017